Application or Docket Number										
PATENT APPLICATION Face DETERMINATION RECORD 529765 Effective December 29, 1999										
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	NTITY	OR	OTHER SMALL E	
FC	DR Y	NUM	BER FILED	FILED NUMBER EXTRA		RATE	FEE		RATE	FĘE
BASIC FEE								OR		840
TOTAL CLAIMS			/ minus 2	us 20= •		X\$ 9=		OR	X\$18=	
INC	EPENDENT CL	AIMS C	2 minus 3 = 1		X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
• If	the difference	olumn 2	TOTAL		OR	TOTAL	X4()			
CLAIMS AS AMENDED - PART II						OTHER THAN				
(Column 1) & -23-04 (Column 2) (Column 3)						SMALL		OR	SMALLE	
NT A		CLAIMS REMAINING AFTER AMENDMEN		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
WQ.	Total	. 11	Minus	-20	=	X\$ 9=		OR	X\$18=	-
AMENDMENT	Independent	. 2	Minus	··· 3	=	X39=		OR	X78=	
Ë	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					÷130=		OR	+260=	
						TOTAL			TOTAL	
		(Column 3)	ADDIT. FEE			ADDIT. FEE				
AMENDMENT B		(Column 1 CLAIMS REMAINING AFTER AMENDMEN		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	84	=	X\$ 9=		OR	X\$18=	
ME	Independent	•	Minus	***	=	X39=		OR	X78=	
F	FIRST PRESE	NTATION OF	MULTIPLE DEF	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE	· .	OR	ADDIT. FEE	·
		(Column 1)	(Column 2)	(Column 3)					
NTC		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
I W	Total		. Alaue		172	X8.9=		OΑ	X\$18=	
AMEN MENT	Independent :	•	Minus	444	=	X39=		OR	X78=	
上	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+130=		OR	+260=	
the entry in column 1 is less than the entry in column 2, write "O" in column 3.						TOTAL		OR	TOTAL	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE OR ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										
1		• :		· ·						

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